



Technical Standards and Safety Authority
 www.tssa.org
 14th Floor - Centre Tower
 3300 Bloor Street West
 Toronto Ontario M8X 2X4
 Fax: 416.231.4903
 Customer Service: 1.877.682.8772

Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
 Propane Storage and Handling Regulation

This Level 1 RSMP applies to:

- a facility with a total propane storage capacity of 5,000 USWG or less; or
- a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

<p style="text-align: center; font-weight: bold; font-size: small;">Failure to fully complete this form may result in rejection. Making a false statement may result in a fine or prosecution under the <i>Technical Standards and Safety Act</i></p> <p>Licence Number XXXXXXXXXX</p> <p style="font-size: x-small;">Check applicable type of propane operations.</p> <p> <input checked="" type="checkbox"/> Cylinder <input type="checkbox"/> Motor Fill <input type="checkbox"/> Filling Plant <input type="checkbox"/> Card/Keylock </p> <p style="font-size: x-small;">Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.</p>	<p style="text-align: center; font-weight: bold; font-size: small;">For Office Use Only</p> <div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>
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SECTION A: GENERAL INFORMATION

The Undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

A Company Name <u>Terry's Gas & Variety</u>	Ontario Corporation No., if applicable
Operator Name (if different from above)	
Telephone No. <u>705-657-1998</u>	Fax No. <u>705-657-9415</u>
E-mail <u>m33rose@hotmail.com</u>	
B Street No. <u>1420</u>	Street Name / 911 Number / Address, if applicable <u>Mississauga St</u>
Town / City or Township / County <u>Curve Lake</u>	Province <u>ON</u>
Postal Code <u>K0L 1R0</u>	
Mailing address if different from above.	
C Street No.	Street Name / 911 Number / Address, if applicable
Town / City or Township / County	Province
Postal Code	

Information on Container Refill Centre or Filling Plant

Location of facility.

D Street No. <u>1420</u>	Street Name / 911 Number / Address, if applicable <u>Mississauga St</u>	Nearest Major Intersection <u>Mississauga St / Westview Rd</u>
Town / City or Township / County <u>Curve Lake</u>	Province <u>ON</u>	Postal Code <u>K0L 1R0</u>

Name of Licence Holder <u>Terry Rose</u>	
Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). <u>same as above</u>	ROT type <u>PRO-3 LPG</u>
Municipality (or municipalities if the facility or its hazard distance touches multiple borders) <u>Selwyn</u>	
Hours of operation	

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Print name	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Terry Rose</u>	<u>Terry Rose</u>	<u>23-04-2013</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Terry Rose</u>	<u>Terry Rose</u>	



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SECTION A: GENERAL INFORMATION (cont'd)

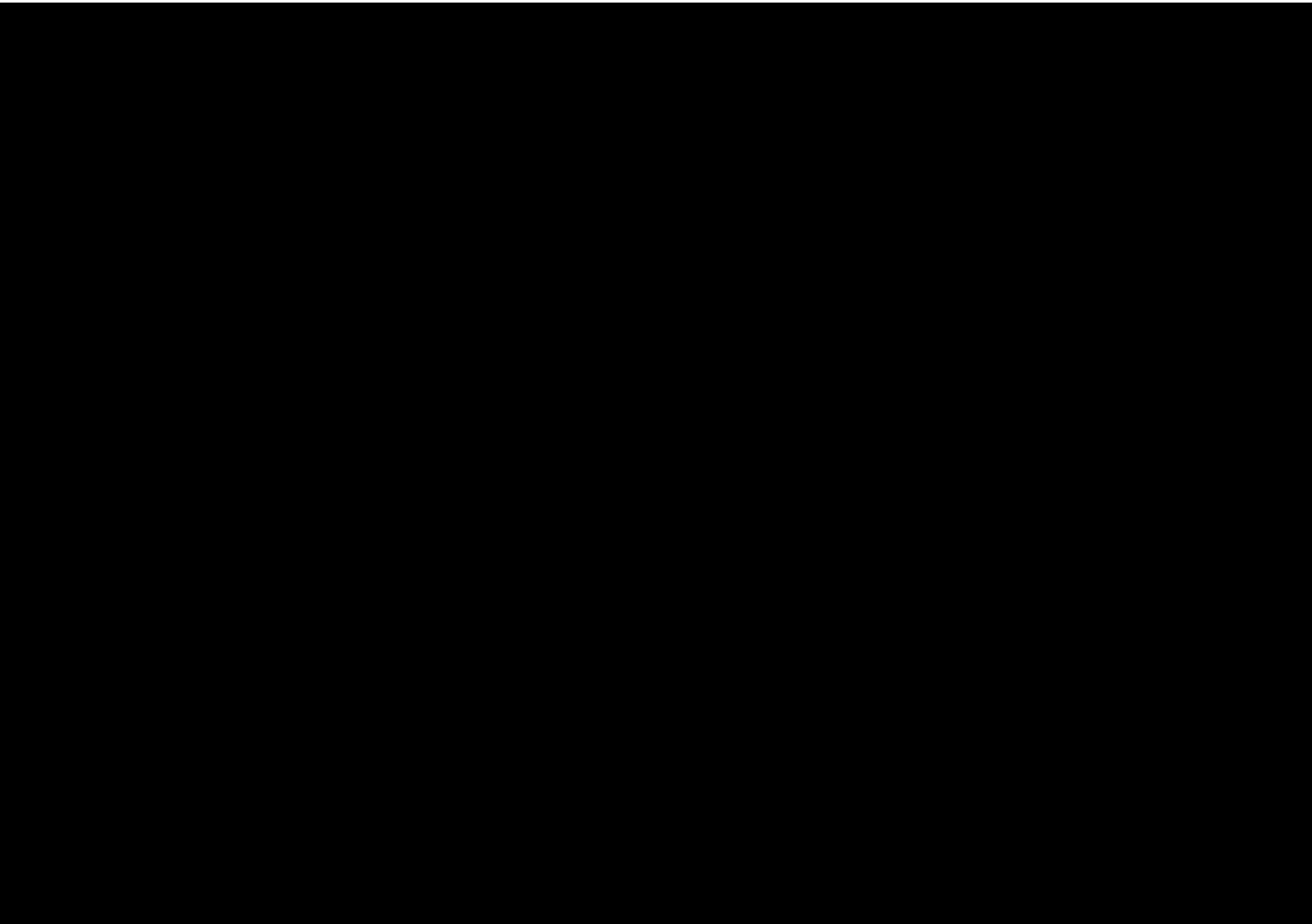
Indicate the year the facility was established. Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.
2003 2008 - started dispensing propane

Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG		Serial Number
Tank1:	250		480-93
Tank2:			
Tank3:	CRN# C0470		6543217890T

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000 Portable: Mobile:



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Name of person completing this form (please print) Melissa Rose		Official Title	
Signature <i>M Rose</i>	<i>M Rose</i>	Telephone No. 705-657-9415	Date (dd-mm-yyyy) 8/4/13



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SECTION A: GENERAL INFORMATION (cont'd)
Activity Information

Name of Propane Supplier(s) Endicott Fuels & Propane		For Office Use - Party No.	
Street No. 700	Street Name / 911 Number / Address, if applicable Ashburnham Dr.		
Town / City or Township / Country Peterborough		Province ON	Postal Code K9L 1T7
Telephone No. 705-745-5492	Fax No. 705-745-4898	Contact Name Tom Endicott	
E-mail			

Name of Propane Transporter. If same as above, please check box. <input checked="" type="checkbox"/>		For Office Use - Party No.	
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

Off-site Cylinder and/or Mobile Storage		Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	

Note: Customer storage is not considered off-site storage.

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Signature 	Telephone No. 705-657-9415	Date (dd-mm-yyyy) 8/4/13	



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN

The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

2 - 15,000L gas tanks underground on site - Northwest - old gas building } gasoline
 2 - 65,000L; 4 - 25,000L Underground N.E. new gas building }
 1 - 325 USWG Behind Restaurant; 1 - 1000 USWG Northwest older Bldg } propane
 1 - 1000 USWG North new bldg }

Description of fire and emergency equipment indicated on facility site map.

- fire extinguishers
 - emergency stop button
 - safety glasses & gloves

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

- auto shut off in pump system (fusible link)
 - auto stop button beside unit
 - breakers n building - cut power to unit

Maintenance and testing schedule for fire protection controls and devices.

annually prior to spring seasonal opening and as requested throughout the year - arranged as per a call to our product provider

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Name of person completing this form (please print) Melissa Rose	Official Title	
Signature <i>M Rose</i>	Telephone No. 705-657-9415	Date (dd-mm-yyyy) 8/4/13



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

1. Contacts for Emergency Response

1. Facility Contact Personnel - Key Contact		5. Facility 24-Hour Contact Person	
Name <u>Terry Rose</u>	For Office Use - Party No.	Name <u>Terry Rose</u>	For Office Use - Party No.
Official Title		Official Title	
Telephone No. <u>705-872-1191</u>	Fax No. <u>705-657-9415</u>	Cell No. <u>705-872-1191</u>	Fax No. <u>705-657-9415</u>
E-mail <u>m33rose@hotmail.com</u>		E-mail <u>m33rose@hotmail.com</u>	
Role and responsibilities in emergency <u>*see attached</u>		Role and responsibilities in emergency <u>*on call 24hrs to respond to emergencies to act as key contact or identify/assign alternate.</u>	
2. Facility Contact Personnel - Alternate Contact		6. Name of Facility Manager	
Name <u>Melissa Rose</u>	For Office Use - Party No.	Name <u>Barb Watson</u>	For Office Use - Party No.
Official Title		Official Title <u>Manager</u>	
Telephone No. <u>705-872-8880</u>	Fax No. <u>705-657-9415</u>	Telephone No. <u>705-657-1998</u>	Fax No. <u>705-657-8703</u>
E-mail <u>m33rose@hotmail.com</u>		E-mail	
Role and responsibilities in emergency <u>*see attached</u>		Role and responsibilities in emergency <u>*see attached</u>	
3. Local Fire Services - Key Contact		7. Propane Supplier Key Contact Person	
Name <u>Gord Jopling</u>	For Office Use - Party No.	Name <u>Tom Endicott</u>	For Office Use - Party No.
Official Title <u>Fire Chief</u>	E-mail <u>gjopling@nexicom.net</u>	Official Title	E-mail
Telephone No. <u>705-292-7282</u>	Fax No. <u>705-292-8634</u>	Telephone No. <u>705-745-5492</u>	Fax No. <u>705-745-4898</u>
Role and responsibilities in emergency <u>respond to 911 - work with key contact on evacuation plan if needed.</u>		Role and responsibilities in emergency <u>Provide guidance - arrange for repair and inspection of unit.</u>	
Fire Services Address		Propane Supplier Address <u>700 Ashburnham Dr., Peterborough, ON</u>	
4. Local Fire Services - Alternate Contact		8. Municipal Contact	
Name <u>Mike Cavanagh</u>	For Office Use - Party No.	Name <u>Tiffany Taylor</u>	For Office Use - Party No.
Official Title	E-mail <u>mcavanagh@nexicom.net</u>	Official Title <u>Executive Secretary</u>	
Telephone No. <u>705-292-7282</u>	Fax No. <u>705-292-8634</u>	Telephone No. <u>705-657-8045</u>	Fax No. <u>705-657-8708</u>
Role and responsibilities in emergency <u>Provide guidance expertise to key contact.</u>		E-mail <u>executivesecretary@curvelakefn.ca</u>	
Fire Services Address		Municipality Name and Address <u>Curve Lake First Nation</u>	

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Name of person completing this form (please print) <u>Melissa Rose</u>	Official Title
Signature 	Telephone No. <u>705-657-9415</u>
	Date (dd-mm-yyyy) <u>8/4/13</u>



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

[Large empty lined area for describing additional safety measures]

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Name of person completing this form (please print) Melissa Rose		Official Title	
Signature <i>MRose</i>		Telephone No. 705-657-9415	Date (dd-mm-yyyy) <i>8/4/13 MR</i>



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mm-yyyy) 6-16-2012	Print Name of Training Provider: Melissa Rose
	Print Name of Instructor: ↓
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yyyy) 6-16-12	Print Name of Training Provider: Melissa Rose
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy) 6-6-12	Print Name of Training Provider: FSN Training
	Print Name of Instructor: Leo Alken Brack.
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) Melissa Rose	Official Title	
Signature 	Telephone No. 705-657-9415	Date (dd-mm-yyyy) 8/4/12



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mm-yyyy) <i>TBD</i>	Print Name of Training Provider: <i>Melissa Rose - as per booklets</i>
	Print Name of Instructor: <i>obtained from FSN</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider: <i>905-642-8579</i>
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mm-yyyy) <i>TBD</i>	Print Name of Training Provider: <i>Melissa Rose - as per</i>
	Print Name of Instructor: <i>FSN Booklets</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mm-yyyy) <i>TBD</i>	Print Name of Training Provider: <i>Leo Aiken brack.</i>
	Print Name of Instructor: <i>FSN</i>
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) <i>Melissa Rose</i>	Official Title	
Signature <i>[Signature]</i>	Telephone No. <i>705-657-9415</i>	Date (dd-mm-yyyy) <i>8/4/13</i>



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete Section B in consultation with the local Fire Services.

5. Emergency Response Communications Plan

Warnings and Actions

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).

Person who finds leak turns gas off - if its a controlled leak

Key contact calls provider to fix it - if its uncontrolled leak key contact, alternate or manager calls 911 and propane provider and activation plan is activated if necessary.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).

Key contact calls 911 and in working with emergency personnel activates the evacuation plan (if necessary) key contact remains on site and liaises with designated manager at safe site to ensure that evacuees meet at Rosey's (34 Chemong St.) - safe site.

Communication with Emergency Response Authorities

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).

In the event of an uncontrollable leak manager or key contact or alternate will call 911 and describe the situation.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.

Accessible 24hrs a day.

Describe how the licence holder will ensure continual flow of updated information to authorities.

- for a controlled leak - the key contact will call the Fire Department Admin Line and speak with key or alternate contact there.

- for an uncontrolled leak key contact will liaise with the Fire Department continually throughout the emergency.

How long will it take the facility liaison person to respond to the site.

5-10 minutes

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Signature 		Telephone No. 705-657-9415	Date (dd-mm-yyyy) 8/4/13



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete Section B in consultation with the local Fire Services.

6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)		<u>@2500m</u>
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? (distance in metres only)		<u>@6000m</u>

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Name of person completing this form (please print) Melissa Rose	Official Title	
Signature 	Telephone No. 705-657-9415	Date (dd-mm-yyyy) 8/4/13

The Township of Selwyn Fire Department

833 Ward St., P.O. Box 270

Bridgenorth, ON K0L 1H0

Phone: (705) 292-7282 Fax (705) 292-8634

Fire Chief – Gord Jopling

Fire Prevention Officer - Mike Cavanagh

Fire Department Review and Comments for Level 1 RSMP

Date: April 18, 2013

PAID APR 25 2013

Facility: Terry's Gas and Variety

\$160.00 JW

Prepared By: Melissa Rose

Comments:

Section B: Emergency and Preparedness Response Plan.

1. Pg 4 Description of Fire and Emergency Equipment
 - Should list location of MSDS sheets for materials on the site.
 - Extinguishers should be listed with sizes and should conform to the TSSA regulation regarding size (at minimum 20BC).
2. Pg 4 Maintenance and testing schedule for fire protection controls and devices
 - Fire extinguisher maintenance should have inspection and testing requirements as required by the Ontario Fire Code listed out.
 - i. Inspected monthly, Div B 6.2.7.2
 - ii. Maintenance and testing conforming to NFPA 10, Div B 6.2.7.1.(1). This includes annual maintenance, 6 year hydrostatic testing.

NOTE: THE FIRE DEPARTMENT CANNOT EXTINGUISH PROPANE FIRES OR CONTROL LEAKS.

3. Pg 7/8 Record of Emergency Training Provided
 - Ensure proper records are kept including topics covered, performances demonstrated, names of those trained etc.
4. Pg 9 Emergency Response Communications Plan
 - Warnings and Actions
 - i. "activation plan" should be evacuation plan in first paragraph

Reviewed and Comment on By;

Gord Jopling
Fire Chief

Mike Cavanagh
Fire Prevention Officer

Gord Jopling, Fire Chief - Email: gjopling@nexicom.net
Fire Prevention Officer – Mike Cavanagh Email: mcavanagh@nexicom.net
Administrative Assistant - Sherry Webster – Email: swebster@nexicom.net
Website: www.smithennismorelakefield.on.ca



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SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)

The licence holder will complete Section B in consultation with the local Fire Services.

8. Licence holder and local Fire Services Review

To be completed by the Local Fire Services

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No

If not, please explain (e.g., no fire services).

Fire services comments, if any:

see attached sheet, 1 page 4 comments

To be completed by the Licence Holder

In response to the above comments, the following action(s) is required:

The licence holder will respond to the Local Fire Services comments by: _____

(dd-mm-yyyy)

LOCAL FIRE SERVICES

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Print name	Signature	Date (dd-mm-yyyy)
Local Fire Services Name Gord Jopling, Fire Chief		18-04-2013

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Name of person completing this form (please print) Jugjwan Kumar <i>Melissa Rose</i>	Official Title President
Signature <i>Melissa</i>	Telephone No. <i>705-657-1998</i> 905-409-2992 Date (dd-mm-yyyy) 12-06-2012 <i>8/4/13</i>



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SECTION C: SUBMISSIONS

Applicant must include a Facility Site Plan and Map of Surrounding Area

Facility Site Plan.

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

Map of Surrounding Area.

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

Required Mapping Information from Updated Site Plan

Date Map Prepared (dd-mm-yyyy)	Capacity of single largest propane storage vessel (USWG)
Apr 18/13	2000
Tank setback coordinates. Indicate placement on the map.	
Front: 66m	Right side property line: 110m
Rear: 7m	Left side property line: 58m
GPS coordinates of single largest vessel: 44.496468 / 78.354135	

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Name of person completing this form (please print)	Official Title	
Melissa Rose		
Signature	Telephone No.	Date (dd-mm-yyyy)
	705-657-9415	8/4/13



Technical Standards and Safety Authority
www.tssa.org

14th Floor - Centre Tower
3300 Bloor Street West
Toronto Ontario M8X 2X4
Fax: 416.231.4903
Customer Service: 1.877.682.8772

Level 1 Risk and Safety Management Plan (RSMP)
Technical Standards and Safety Act
Propane Storage and Handling Regulation

SECTION C: SUBMISSIONS (cont'd)

Applicant must include a Facility Site Plan and Map of Surrounding Area

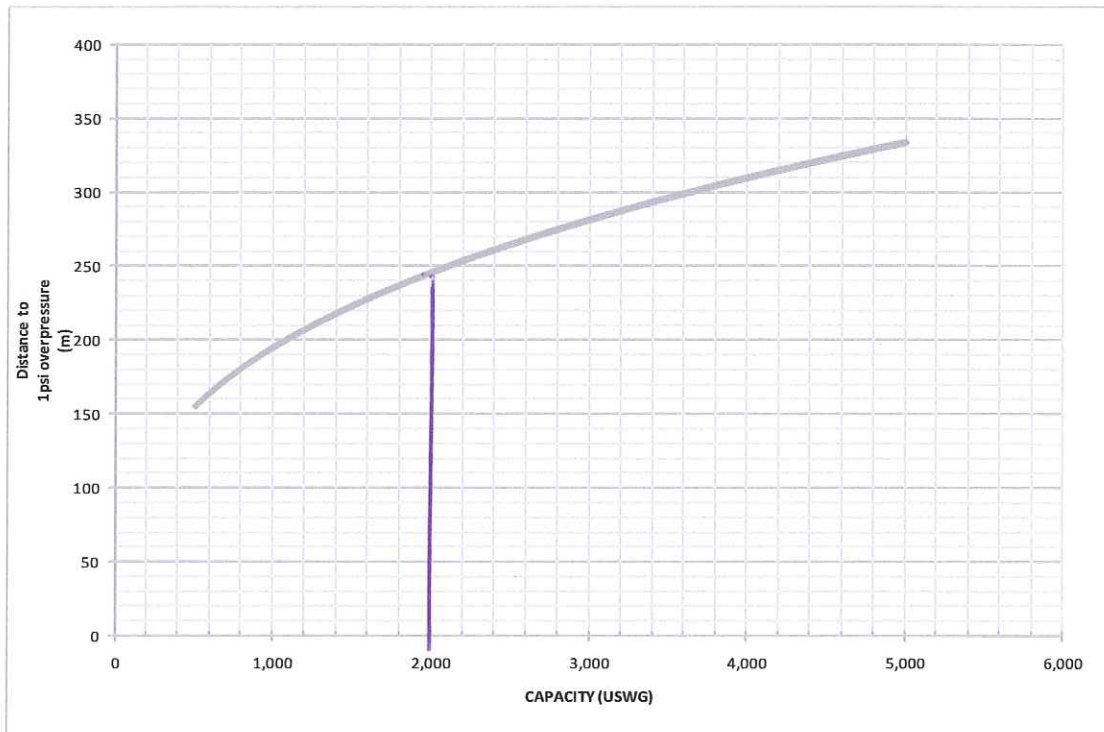
Table 1: Distance Table

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

Formula: $D = 16.94 \times (1.524 \times C)^{1/3}$
 D = Distance to overpressure of 1 psi (meters)
 C = Tank Total Capacity in USWG

Parameters: Density of Propane is 0.5033 kg per litre @ 15 C
 Assume all vessels are 80% full
 1 gallon [US, liquid] = 0.003785411784 cubic meter
 1 cubic metre = 264.17 USWG

Hazard Distance Chart (EPA-TNT model)





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SECTION C: SUBMISSIONS (cont'd)

Applicant must include a Facility Site Plan and Map of Surrounding Area

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

Table 2: Buildings and Features

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments. [Redacted]			X		50 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: JJ's Address: Mississauga St. City: Curve Lake Province ON Postal Code K0L 1R0			X		90 m
Commercial building units – continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

* For multi-unit buildings, count each unit as "1".

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Name of person completing this form (please print) Melissa Rose	Official Title	
Signature <i>Melissa Rose</i>	Telephone No. 705-657-9415	Date (dd-mm-yyyy) 8/4/13



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WORKSHEET

Portable Storage Additional Information Worksheet

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8		
# 10	2.9		
# 5	1.5		
Total Cylinder Capacity			

Tanks Stored On-site Not Connected for Use

Tank Size In USWG	Quantity	Total Volume in USWG
Total Tank Capacity		

Total Cylinder Capacity	
Total Tank Capacity	
Total Portable Capacity (Total Cylinder Capacity + Total Tank Capacity)	

Smith-Ennismore Lakefield Twp



Google earth

feet
meters



→ Curve Lake First Nation

Terry's gas & Variety
1420 Mississauga St.
Curve Lake First Nation.

Curve Lake First Nation
Tiffany Taylor
Executive Secretary
705-657-8045

- A - dispenser 2000 USWG - dispenser
- B - heating 325 USWG - restaurant
- C - heating 1000 USWG - (old gas str.)
- D - heating 1000 USWG (new gas str.)
- E - 2x 15,000 L fuel - underground
- F - 2x 65,000 L fuel - underground
- 4x 25,000 L fuel - underground

- 1 - new gas station
- 2 - old gas station
- 3 - restaurant

Extinguishers at A, 1, 3
Shut off at A
Emergency at 3



To see all the details that are visible on the screen, use the Print link next to the map.



100m

A - 44.49636N, 78.35463W
 - Dispenser - 2000 USWG
 - 1420 Mississauga St.
 Curve Lake

X - Roadblocks

Tiffnany Taylor
 Curve Lake First Nation
 705-657-8045

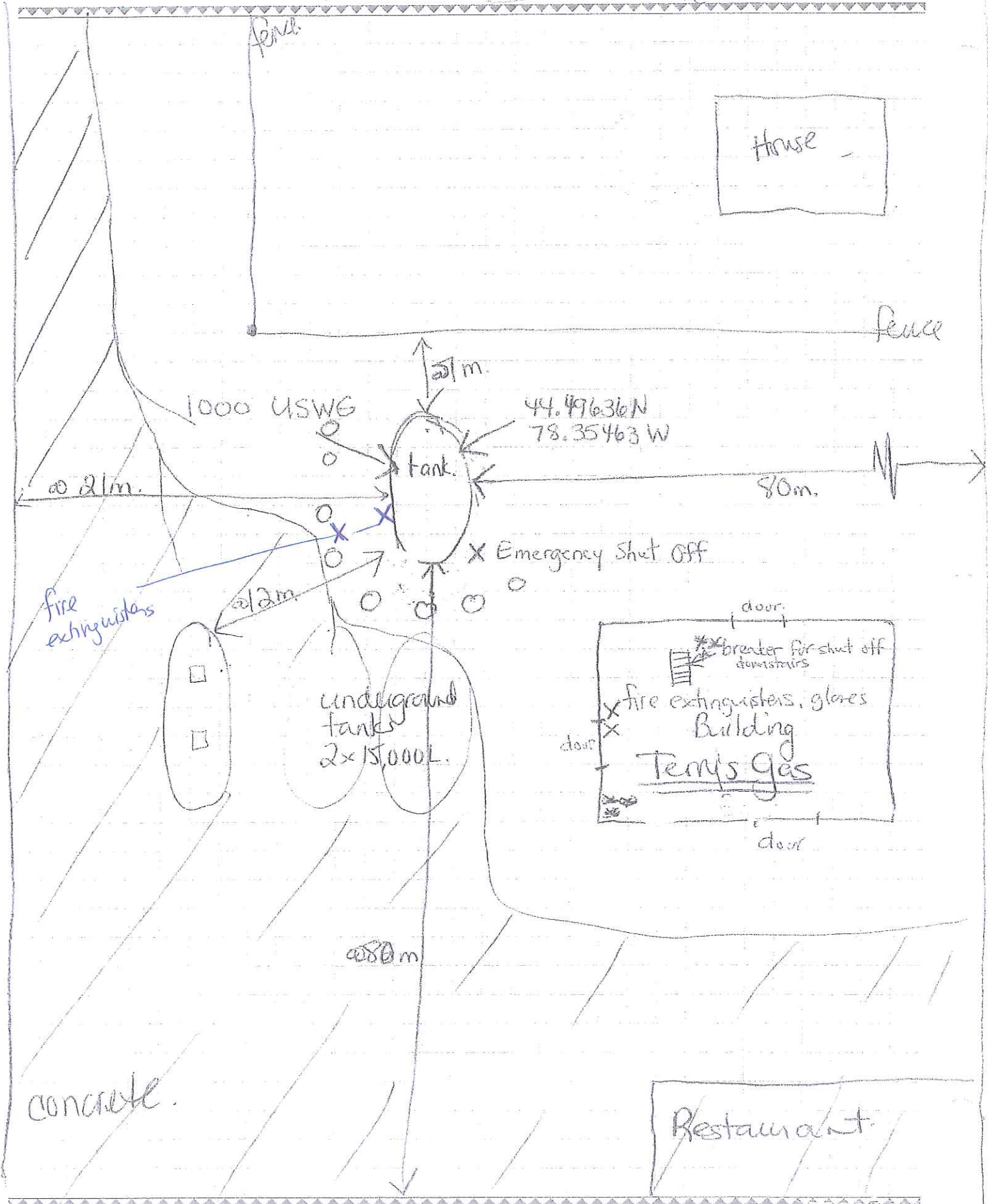
Angela Chitick
 Selwyn Twp
 705-292-9507(221)

April 8/13

Smith - Ennis - Lake St. Hwy.



Westview Rd.



Mississauga St. Curve Lake First Nation